This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
General instru	uctions are located of this workbook	2/28/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)	
	Instructions:			
В	Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty fe		n the last day of the accounting period should nting period.	d submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
	MEDIACOM SOUTHEAST LLC			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suite n	umber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any busin	and to ide	antify the business and operation of t	he system unless these
C	names already appear in space B. In line		,	5
System	1			
	MEDIACOM SOUTHEAST LLC			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 ONE MEDIACOM WAY	umber		
	(Number, street, rural route, apartment, or suite no MEDIACOM PARK, NY 10918	umber)		
	(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC Instructions: List each separate community served by the cable system. A "comm	417 augitu" is the same as a "community unit" as defined in ECC sules:
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing:	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mot	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	SUMMERSHADE	KY
Community	EDMONTON	KY
	Barren	KY
dd Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:					SYS	TEM IC 41
	MEDIACOM SOUTHEAS	STLLC							4
E	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,	'		,				
Service: Sub-	Number of Subscribers: Bot	·				,	ble system	, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n			•••		•		charged	
	separately for the particular server Rate: Give the standard rate of							be and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc				,				
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	ler "Sei	vice to additiona	l set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in the	e right-	hand block. A tw	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCINID		TUTE	0/11		(TIOL	CODOCIADENCO	TUT
	Service to first set		161	26.58-50.91					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	26.58-50.91					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMI	SSIONS: RATES	5				
F	In General: Space F calls for ra		,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha			•				were not	
Rates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descri								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resid	dential				
	• Pay cable	PP	• Mo	otel, hotel			Family		77.4
	 Pay cable—add'l channel 	PP	• Co	ommercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l cha	annel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-29.00	Other	services:					
	• FM radio (if separate rate)		• Re	connect		29.00			
	• Converter	10.50	• Dis	sconnect					
			• Ot	Itlet relocation		15.00-29.00			
				itlet relocation	ss	15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name				
	PRIMARY TRANSMITTERS:	-		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections ions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBKO/WBKO(HD) ABC	13	N	BOWLING GREEN, KY
	WBKO-DT2/WBKO-DT2 (HD) FO)	13.2	I-M	BOWLING GREEN, KY
d Rows as Necessary	WBKO-DT3 (CW)	13.3	I-M	BOWLING GREEN, KY
	WDRB FOX	49	1	LOUISVILLE, KY
		14	_	
	WKSO/WKSO KET (HD) PBS	14	E	SOMERSET, KY
	WKSO-DT2 KET2	14.2	E-M	SOMERSET, KY SOMERSET, KY
	WKSO-DT2 KET2	14.2	E-M	SOMERSET, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY	14.2 14.3	E-M E-M	SOMERSET, KY SOMERSET, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS	14.2 14.3 14.4	E-M E-M E-M	SOMERSET, KY SOMERSET, KY SOMERSET, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS	14.2 14.3 14.4 18	E-M E-M E-M	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create	14.2 14.3 14.4 18 18.2	E-M E-M E-M E	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar	14.2 14.3 14.4 18 18.2 18.3	E-M E-M E-M E E E-M E-M	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS	14.2 14.3 14.4 18 18.2 18.3 26	E-M E-M E-M E E E-M E-M N	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/WNKY(HD) NBC	14.2 14.3 14.4 18 18.2 18.3 26 16	E-M E-M E-M E-M E-M E-M N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT3 KET FBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2	E-M E-M E-M E E E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY BOWLING GREEN, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS WPBM IND	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2 46	E-M E-M E-M E-M E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY BOWLING GREEN, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS WPBM IND	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2 46	E-M E-M E-M E-M E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS WPBM IND	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2 46	E-M E-M E-M E-M E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS WPBM IND	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2 46	E-M E-M E-M E-M E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS WPBM IND	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2 46	E-M E-M E-M E-M E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY
	WKSO-DT2 KET2 WKSO-DT3 KET KY WKSO-DT4 KET PBS KIDS WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WLKY CBS WNKY/CBS WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) CBS WPBM IND	14.2 14.3 14.4 18 18.2 18.3 26 16 16 16.2 46	E-M E-M E-M E-M E-M E-M N N N N N	SOMERSET, KY SOMERSET, KY SOMERSET, KY SOMERSET, KY BOWLING GREEN, KY

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3
Neme	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:
Name	MEDIACOM SOUTHEA	AST LLC		417
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under
Primary			61(e)(2) and (4))]; and (2) certain static	ons carried on a
Transmitters: Television	1 0 /	s explained in the next paragraph.	arried by your cable system on a subs	titute program
relevision		les, regulations, or authorizations:	arried by your cable system on a subs	
			the Special Statement and Program Lo	og)—if the
	station was carried only on			
		1 /	ed both on a substitute basis and also o	
		0	, see page (v) of the general instruction	
			program services such as HBO, ESPN	•
	"WETA-2" as the same on the	0	e-air designation. For example, report	i multistream
			evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
	Column 3: Indicate in each	case whether the station is a network	station, an independent station, or a r	noncommercial
		S	(for network multicast), "I" (for indepen	
			or "E-M" (for noncommercial education	nal multicast).
	0	rms, see page (iv) of the general instr		licenced by the
			It the community to which the station is the community with which the station is	
		nan stations, it any, give the name of		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM I
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c uge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONEL OIGH	7101011101	0,0		ONEE OIOIN		0,0		
				F	+	·	1	

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC						417
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident				-	tion that you	r cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis anv noni	network telev	vision proa	ram
Statement and		-						
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa					.		·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		oonood by th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour systen	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
						_		
						_		
							-	
							-	
							-	
						-	-	
						_		
						_		
						_		
		1	1	1				1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
	MEDIACOM SOUTHEAST LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent	er the total of	417
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see	
	during the accounting period	\$ 34 (Amount of gro	1,220.77 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		<u> </u>
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and		_	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC	SYSTEM ID# 417
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the o	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	22 88
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 845-44	3-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersign (Own X (Agen in (Offi in · I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as I line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the I line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein the, and correct to the best of my knowledge, information, and belief, and are made in good faith. ition 1001(1986)] X /s / Kenneth J. Kohrs	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 2/18/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST LLC	41
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
	····
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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